

REGISTRATION

Circle the appropriate choices:

1. Solo / Tandem / Relay2 / Relay3 / Relay4
2. Men / Women / Mixed

Participant 1: Male / Female

Name: _____

Address: _____

Phone: _____ Email: _____ Shirt size: S / M / L / XL / 2XL

Participant 2: Male / Female

Name: _____

Address: _____

Phone: _____ Email: _____ Shirt size: S / M / L / XL / 2XL

Participant 3: Male / Female

Name: _____

Address: _____

Phone: _____ Email: _____ Shirt size: S / M / L / XL / 2XL

Participant 4: Male / Female

Name: _____

Address: _____

Phone: _____ Email: _____ Shirt size: S / M / L / XL / 2XL

This is a rain or shine event. GAAR reserves the right to cancel/postpone the race because of inclement weather. No refunds will be given.

WAIVER

I, the undersigned, waive and release myself, my heirs, executors, and administrators, and assume the risk of physical injury or death from participating in this event. By participating, I waive all rights and claims for damages, demands any other actions whatsoever, which I may have against the Great Ames Adventure Race, all participating sponsors, and supporters of those entities, successors, representatives, and assigns, arising out of my participation in this event. I certify that I am in proper physical condition to participate in this activity.

Printed Name

Signature

Date

Participant 1: _____

Participant 2: _____

Participant 3: _____

Participant 4: _____

Parent or guardian Signature, if under 18: _____

Parent or guardian Signature, if under 18: _____

Parent or guardian Signature, if under 18: _____

Parent or guardian Signature, if under 18: _____

Mail with payment to:

Friends of Central Iowa Biking
4211 Stone brooke Road
Ames, IA 50010

Please make checks payable to "Friends of Central Iowa Biking" and note "GAAR" in the memo.

